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CARL J. ROOF

37.708

Attorney mailing application

Registration No.

Carl J. Roof

Signature of Attorney mailing application

Jc135 U.S. PTO
09/482691
01/13/00

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional application under 37 CFR 1.53(b))		Attorney Docket No.: 6553	Total Pages: 36
		First Named Inventor or Application Identifier	
		N. J. POLICICCHIO ET AL.	
		Express Mail Label No.: EH449789284US	
TITLE:	A CLEANING IMPLEMENT COMPRISING A REMOVABLE CLEANING PAD HAVING MULTIPLE CLEANING SURFACES		
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
<div><div><p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original and a duplicate for fee processing)</p><p>2. <input checked="" type="checkbox"/> Specification [Total Pages (36)] (preferred arrangement set forth below)</p><ul style="list-style-type: none">• Descriptive title of the invention• Cross References to Related Applications• Statement Regarding Fed Sponsored R&D• Reference to Microfiche Appendix• Background of the Invention• Brief Summary of the Invention• Brief Description of the Drawings (if filed)• Detailed Description• Claim(s)• Abstract of the Disclosure<p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets (6)]</p><p>4. Oath or Declaration [Total Pages (2)]</p><p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p><p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.53(d) (for continuation/divisional with Box 17 completed) [Note Box 5 below]</p><p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) (Signed statement attached in the prior application, see 37 CFR 1.63(d) (2) and 1.33(b))</p><p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p></div><div><p>6. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>)</p><p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p><p>a. <input type="checkbox"/> Computer Readable Copy</p><p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p><p>c. <input type="checkbox"/> Statement verifying identity of above copies</p><p>ACCOMPANYING APPLICATION PARTS</p><p>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p><p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p><p>10. <input type="checkbox"/> English Translation Document (if applicable)</p><p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p><p>12. <input type="checkbox"/> Preliminary Amendment</p><p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specially itemized)</p><p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p><p>15. <input type="checkbox"/> Other: _____</p></div></div>			
16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: __, filed on __, entitled __			
17. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here) OR <input type="checkbox"/> New correspondence address below	
NAME	CARL J. ROOF THE PROCTER & GAMBLE COMPANY WINTON HILL TECHNICAL CENTER		
ADDRESS	6300 CENTER HILL AVENUE - Box 218		
CITY:	CINCINNATI	STATE:	OHIO
COUNTRY:	USA	TELEPHONE:	(513) 634-4817
		ZIP CODE:	45224
		FAX:	(513) 634-5174

FEE TRANSMITTAL FORM

18. Please cancel in this application original claims of the prior application before calculating the filing fee.

19. The filing fee has been calculated as shown below:

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
				BASIC FEE (37CFR 1.16(A))	\$ 790.00
	TOTAL CLAIMS (37 CFR 1.16 (c))	60 - 20 =	40	X \$ 22.00 =	\$ 880.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	6 - 3 =	3	X \$ 82.00 =	\$ 246.00
	MULTIPLE INDEPENDENT CLAIMS (if applicable)(37 CFR 1.100(d))			+ \$ 270.00 =	\$ 000.00
				TOTAL	\$ 1916.00

20. The Assistant Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 16-2480. A duplicate copy of this sheet is enclosed.

- a) ☒ Any patent application filing fees required under 37 CFR 1.16
☒ Any patent application processing fees required under 37 CFR 1.17

21. The Assistant Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is enclosed.

22. The total number of duplicate copies enclosed is 5. The Assistant Commissioner is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

23. ☐ Other: _____

24. The prior application is assigned of record to: The Procter & Gamble Company.

23. Signature of Applicant, Attorney, or Agent Required	
SIGNATURE:	<i>Carl J. Roof</i>
NAME:	CARL J. ROOF
REG. NO.:	37,708
DATE:	MARCH 10, 1998

Please type a plus sign (+) in this box → [+]

PTO/SB/05 (2/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. 6553D	
		First Inventor or Application Identifier Nicola John Policicchio, et al.	
		Title	Cleaning Implement Comprising a Removable Cleaning Pad Having Multiple Cleaning Surfaces
		Express Mail Label No.	EH449789505US
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		Assistant Commissioner for Patent ADDRESS TO: Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original and a duplicate for fee processing.)		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages = 36] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed Sponsored R&D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets = 6]		ACCOMPANYING APPLICATION PARTS	
4. Oath or Declaration [Total Pages =] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).			
5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
		9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
		10. <input type="checkbox"/> English Translation Document (if applicable)	
		11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of Statement (IDS)/PTO-1449 IDS Citations	
		12. <input checked="" type="checkbox"/> Preliminary Amendment	
		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
		14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Stmt. filed in prior application, Status still proper and desired	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		16. <input checked="" type="checkbox"/> Other: Please charge any fees to Deposit Account #16-2480	
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. 09/037,379. Prior application information: Examiner: M. Spisich Group/Art Unit: 1744			
18. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below	
		(Insert Customer No. or attach bar code label)	
NAME	Jason J. Camp--Box 129		
	The Procter & Gamble Company		
ADDRESS	Sharon Woods Technical Center		
	11520 Reed Hartman Highway		
CITY	Cincinnati	STATE	OH
		ZIP CODE	45241
COUNTRY	U.S.	TELEPHONE	(513) 626-3371
		FAX	(513) 626-1933

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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PTO/SB/29 (12/97)

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16(e))		11-20=	0	x \$18.00 =	\$0
INDEPENDENT CLAIMS (37 CFR 1.16(b))		2-3=	0	x \$78.00 =	\$0
MULTIPLE DEPENDENT CLAIMS (if applicable)(37 CFR 1.16(d))				+ \$260.00 =	\$0
				BASIC FEE (37 CFR 1.16(a))	\$690.00
				Total of above Calculations =	\$690.00
Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).					\$0
				TOTAL =	\$690.00

19. Small entity status:

- a. ☐ A small entity statement is enclosed.
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

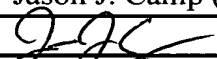
20. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 16-2480:

- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.

21. ☐ A check in the amount of \$ _____ is enclosed.

22. ☐ Other: _____

23. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Jason J. Camp (44,582)
SIGNATURE	
DATE	January 13, 2000


[Page 2 of 2]

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Date of Deposit January 13, 2000

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Jason J. Camp 44,582
Attorney mailing application Reg. No.


Signature of Attorney mailing application